(Hemi-Sync® Journal, Vol. VIII, No. 3, Summer 1990)

HEMI-SYNC® IN AN INFANT EDUCATION PROGRAM

by Leanne Rhodes, Ph.D.

Leanne Rhodes is an educational consultant in private practice in Modesto, California. In addition to her work with individual client families, Dr. Rhodes trains other professionals in infant and young child assessment techniques, and offers workshops. She has been a member of the Professional Division of The Monroe Institute® since July of 1987. Here, Dr. Rhodes discusses her use of sleep tapes and Hemi-Sync as an intervention in her infant education program.

I operate an infant education program in which I work with the parents of children whose development is delayed or whose future development is at risk. I do periodic assessments, together we (the parents and I) frame specific development-related goals, I suggest appropriate educational interventions, and the parents implement them. Where appropriate and welcomed, a good deal of counseling also occurs around very basic issues having to do with life and death, fears affecting the present and future, and related topics. We meet twice monthly in the children's homes; visits run between one and two hours in length. Some children also receive physical and/or occupational therapy, and speech pathology services.

For several years now, with selected families, one of the interventions has been a sleep tape for the child which is written by me, recorded in the parents' voices, and played each night as the child is falling asleep. All tapes share certain central, highly positive messages which are very repetitive in nature and which address issues of self, attitudes toward "work" and learning, listening skills, and vocalization/talking behaviors. Additional topics (such as pottying, eating, etc.) are addressed as needed. In past months I have added statements having to do with biological functioning, an idea which came from Cynthia Pike Ouelette's book, *The Miracle of Suggestion: The Story of Jennifer*.

The need for daytime reinforcement of the target behaviors mentioned on the tapes (using the wording of the tapes) is stressed to the parents. This reinforcement procedure is designed to further our common goals and to define for the child's conscious and unconscious mind the meaning of the ideas contained on the tapes. Such reinforcement also helps to focus the parents' attention on the more positive aspects of their child's behaviors. The idea for sleep tapes originally arose from my readings in the literature on hypnosis, multiple personality research, and my own use of sleep tapes, which I found to be singularly helpful in reshaping my automatic reaction patterns. Later research readings concerning theta production during the hypnagogic period and its association with accelerated learning confirmed my findings.

Through the years, reports from parents regarding the success of the sleep tapes, all of which was anecdotal in nature, has supported my belief in the efficacy of such an approach. I planned to combine sleep tapes with Hemi-Sync music from the METAMUSIC® series by playing both tapes simultaneously to increase the period of theta production and, consequently, increase absorption by the unconscious of the messages on the sleep tape. To provide a basis for comparison, I initiated the sleep tape alone for a period of approximately two months, then added the Hemi-Sync music to the formulation.

Several questions/problems have arisen, a primary one having to do with the measurement of change in the children involved. I composed a rating scale to elicit the type of data needed. The scale was to be filled out by parents prior to the institution of the sleep tape, following two months of use of the sleep tape alone, and again approximately two months after addition of the Hemi-Sync music.

The scale proved to be too global in nature. Also, parents lacked a solid baseline of “typical” behavior over time against which they could refer. For example, in rating compliance with parental requests, a 14-month-old of any description is going to be different from that same child at 18 or 20 months who is actively asserting his/her independence. The result is a relative measure, with no way to assess what the child’s behavior would have been like without the intervention, assuming the sleep tape and/or Hemi-Sync interventions are having a positive effect. If a child is perceived as a terror, would s/he have been an absolute terror without the intervention? The same questions can be asked with reference to the effect of the infant program and other interventions, as a whole: How much did what help?

Other problems addressed included parental compliance in terms of: 1) agreement that sleep tapes alone are worth trying; 2) making the tapes; 3) consistent use of them; 4) agreement to use Hemi-Sync; and 5) successful addition of the Hemi-Sync component which requires additional equipment. I often have to supply the tape recorder for use with the sleep tape and in three cases when the Hemi-Sync tapes have been tried, I have had to supply the stereo with detachable speakers and the Hemi-Sync tapes. Some complicating factors are: 1) families leaving the program prior to conclusion—participation is funded through a local/state agency which controls length of participation; 2) broken equipment and/or tapes; 3) fearful reactions of the child to the tape and/or the music—usually overcome given time and various adaptations; 4) children who sleep on their sides, and thus are presumably deprived of the binaural Hemi-Sync effect; and 5) children sharing a bedroom with a sibling who objects to use of the tape, even though it was written to accommodate both of them.

The above may suggest that I have thrown up my hands in confusion and disgust. This is not true. I am currently compiling references on single case study methodology and analysis. I am revamping the information provided to parents regarding sleep tapes and Hemi-Sync in an

effort to engender greater commitment, consistency, and implementation. I continue to collect anecdotal data.

As an additional point of information, all families who have agreed to use the sleep tape, and to whom I have suggested the use of Hemi-Sync, have accepted my offer. I expect that this acceptance will hold true in the future. Some refuse to consider use of the sleep tape, or, though they verbally agree to the procedure, somehow never succeed in actually making the initial tape. I suspect an underlying fear at the base of this behavior. A few have refused to consider use of the sleep tape, usually with comments to the effect that they are philosophically opposed to interfering with or attempting to influence the functioning of their child's subconscious. In these cases, parental educational levels have no predictive significance. Fundamentalist religious beliefs may play a determining role in the decision-making process.

The sleep tape/Hemi-Sync regimen has been used with three families thus far. Three other families are "in preparation." Observations of the three current families using this combined approach have reinforced my belief that sleep tape/Hemi-Sync interventions induce effects deserving of a great deal of further attention. However, none of these observations are conclusive and cannot be described as meeting the requirements for "hard data." Observations of two current families are described below. The third case is also worthy of mention but because this child's records are temporarily unavailable to me and I don't wish to rely on memory, I shall save remarks for a later date.

The first case involves a 2.5-year-old whose attention was often very difficult to focus, who verged upon a clinical diagnosis of hyperactivity, and who was delayed in all developmental domains. The sleep tape alone was introduced about March 27, 1989. After one to two weeks, the sleep tape broke. The child's babysitter, who was aware that a sleep tape was being used but who was not informed of its breakage, remarked to the child's mother that she must not have been getting her sleep tape lately because her behavior had deteriorated in so many ways (less calm, less apt to listen, harder to get to settle down—noted approximately mid-April).

A new sleep tape was soon made and its use instituted, again, without the knowledge of the babysitter. In early May she commented to the mother that she supposed the tape to be in use again because the child's behavior had improved noticeably. In early June, the Hemi-Sync tape was added, but without separated dual speakers. One month later, use of separated speakers began, but, unknown to me, the Hemi-Sync tape was played following the sleep tape. The child's practice was to lie quietly during the entire sleep tape (observation revealed that she was participating in the deep breathing instructions at the beginning of the tape) and then call her mother at its end so that she could start the METAMUSIC tape. By late July, an evident increase in pointing to and naming of requested pictures occurred (sleep tape use

followed by Hemi-Sync). In early August, simultaneous use of the tapes began. Additional growth in receptive and expressive speech was noted, more than had ever before been observed.

This pattern continued throughout the next month (at which point program participation ended), including blossoming of imitative speech, much calmer general behavior, and much more focused attention. In terms of formal assessment, in a period of slightly less than five months, this child made an eight-month gain in terms of gross motor skills as measured by the Bayley Motor Scale. During the same general period of time, fine motor skills (as measured by selected items from the Bayley Mental Scale) increased approximately 12.5 months.

However, beginning in early July and ending in early August, this child's phenobarbital dosage was decreased, with the last dosage occurring August 7. Although the overall medication effects on behavior may have been minimal (i.e., at 2.75 years she was receiving the same dosage as had been prescribed at 12 months of age), the degree to which this factor may have influenced the positive changes in behavior described above is unknown.

The second case deals with a family who used the sleep tapes, and later, the sleep tape and Hemi-Sync combined. Difficulties with equipment, broken tapes, and a mother experiencing a very difficult pregnancy resulted in sporadic use. The child, who exhibited moderate cerebral palsy, was able to walk with difficulty. At termination of the program when she was three years old, she exhibited a high degree of verbal fluency.

More important to this discussion are the spontaneous comments made at this time by her preschool teacher to this child's mother (preschool serves normally developing children): "She [the teacher] was amazed at her attention span, her ability to listen to and follow directions, her desire to do what pleases, and the effort she is willing to expend to master activities that are hard or challenging for her." It is interesting to note that these were among the primary issues addressed in all of her many sleep tape revisions. Also of interest is that her control issues (i.e., assertion of independence) had often made family life less than smooth which emphasizes the need in any evaluative process for input from other than family members regarding change.